

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90047 046 ****50.00

DOCUMENT # L01000006475

1. Entity Name
PALM COVE GOLF & YACHT CLUB I LLC



Principal Place of Business
**2363 SW CARRIAGE HILL TERR
PALM CITY, FL 34990**

Mailing Address
**250 GIBRALTAR ROAD
HORSHAM, PA 19044**

20043403



2. Principal Place of Business
250 Gibraltar Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-LLC CR2E083 (11/05)

City & State
Horsham, PA 19044

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RICHEY, DAVID
STREET ADDRESS 250 GIBRALTAR ROAD
CITY-ST-ZIP HORSHAM, PA 19044

TITLE MGR ☐ Change ☒ Addition
NAME David A. Larkin
STREET ADDRESS 250 Gibraltar Road
CITY-ST-ZIP Horsham PA 19044

TITLE MGR ☐ Delete
NAME LASKOWITZ, MITCHELL
STREET ADDRESS 250 GIBRALTAR ROAD
CITY-ST-ZIP HORSHAM, PA 19044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME BARTOS, JEFFREY
STREET ADDRESS 250 GIBRALTAR ROAD
CITY-ST-ZIP HORSHAM, PA 19044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David A. Larkin, Manager

Date

215-938-8000

Daytime Phone #